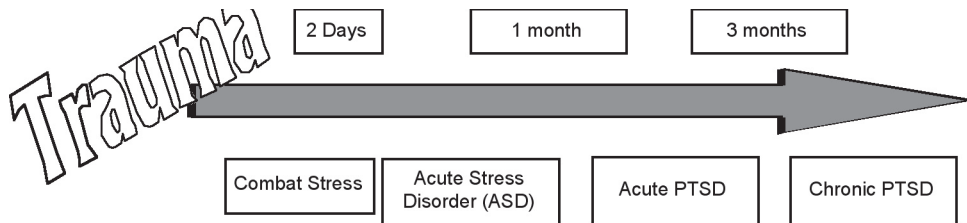


Post Traumatic Stress Disorder

Trauma-Related Disorders Timeline



Key Terms

- **Trauma:** Extreme traumatic stressor involving direct personal experience, witnessing, or learning about an event involving actual or threatened death or injury. Response must involve intense fear, helplessness, or horror
- **Clinically Significant:** Causes distress or impairment in social, occupational, and other important areas of functioning
- **Acute Stress Reaction (ASR) during Ongoing Military Operation or Combat and Operational Stress Reaction (COSR):** Physical, mental, and emotional signs resulting from heavy mental and emotional work during difficult conditions. Symptoms—including depression, fatigue, anxiety, decreased concentration/memory, and hyperarousal—that do not resolve within 4 days of event
- **Acute Stress Disorder (ASD):** Clinically significant dissociative symptoms (such as a sense of numbing and detachment, or amnesia), trauma re-experiencing, situation avoidance, and increased arousal symptoms for > 2 days, but < 1 month after exposure to a trauma
- **Post Traumatic Stress Disorder (PTSD):** Clinically significant trauma re-experiencing, situation avoidance, and increased arousal symptoms for > 1 month after exposure
 - **Acute:** Symptoms > 1 month, < 3 months
 - **Chronic:** Symptoms ≥ 3 months
 - **Delayed Onset:** Onset ≥ 6 months



Post Traumatic Stress Disorder (PTSD)

Risk Factors

Pre-Traumatic Factors

- Ongoing life stress
- Lack of social support
- Pre-existing psychiatric disorder
- Other pre-traumatic factors including: female gender, low socioeconomic status, lower level of education, lower level of intelligence, race (Hispanic, Japanese, other Ethnic minority), reported abuse in childhood, report of other previous trauma, report of other adverse childhood factors, family history of psychiatric disorders, poor training or preparation for the traumatic event

Peri-Traumatic or Trauma-Related Factors

- Severe trauma
- Type of trauma (interpersonal traumas such as torture, rape or assault increase the risk of PTSD)
- High perceived threat to life
- Age at trauma (school age youth, 40-60 years old)
- Community (mass) trauma
- Other peri-traumatic factors including: history of peri-traumatic dissociation and interpersonal trauma

Post-Traumatic

- Ongoing life stress
- Lack of social support
- Bereavement
- Major loss of resources
- Other post-traumatic factors including: children at home and female with distressed spouse



Post Traumatic Stress Disorder (PTSD)

DSM-IV-TR Criteria for PTSD

- A.** The person has been exposed to a traumatic event that includes both of the following:
1. Has experienced, witnessed, or been confronted with an event or events that involve actual or threatened death or serious injury, or a threat to the physical integrity of oneself or others
 2. The person's response involved intense fear, helplessness, or horror
- B.** The traumatic event is persistently **RE-EXPERIENCED** in at least one of the following ways:
1. Recurrent and intrusive distressing recollections of the event
 2. Recurrent distressing dreams of the event
 3. Acting or feeling as if the traumatic event were recurring
 4. Intense psychological distress at exposure to cues of the traumatic event
 5. Physiologic reactivity upon exposure to cues of the traumatic event
- C.** Persistent **AVOIDANCE** of stimuli associated with the trauma and **NUMBING** of general responsiveness (not present before the trauma), as indicated by at least three of the following:
1. Efforts to avoid thoughts, feelings, or conversations associated with the trauma
 2. Efforts to avoid activities, places, or people that arouse recollections of the trauma
 3. Inability to recall an important aspect of the trauma
 4. Markedly diminished interest or participation in significant activities
 5. Feeling of detachment or estrangement from others
 6. Restricted range of affect (e.g., unable to have loving feelings)
 7. Sense of foreshortened future (e.g., does not expect to have a normal life)
- D.** Persistent symptoms of increased **AROUSAL** (not present before the trauma), indicated by at least two of the following:
1. Difficulty falling or staying asleep
 2. Irritability or outbursts of anger
 3. Difficulty concentrating
 4. Hyper-vigilance
 5. Exaggerated startle response
- E.** Duration of the disturbance (symptoms in B, C, and D) is > 1 month
- F.** The disturbance causes clinically significant distress or impairment in functioning



Post Traumatic Stress Disorder (PTSD)

Diagnosis

Primary Care PTSD Screen (*Yes to any two questions suggests PTSD*)

Ask patient, “In your life, have you had an experience that was so frightening or upsetting that in the past month you...”

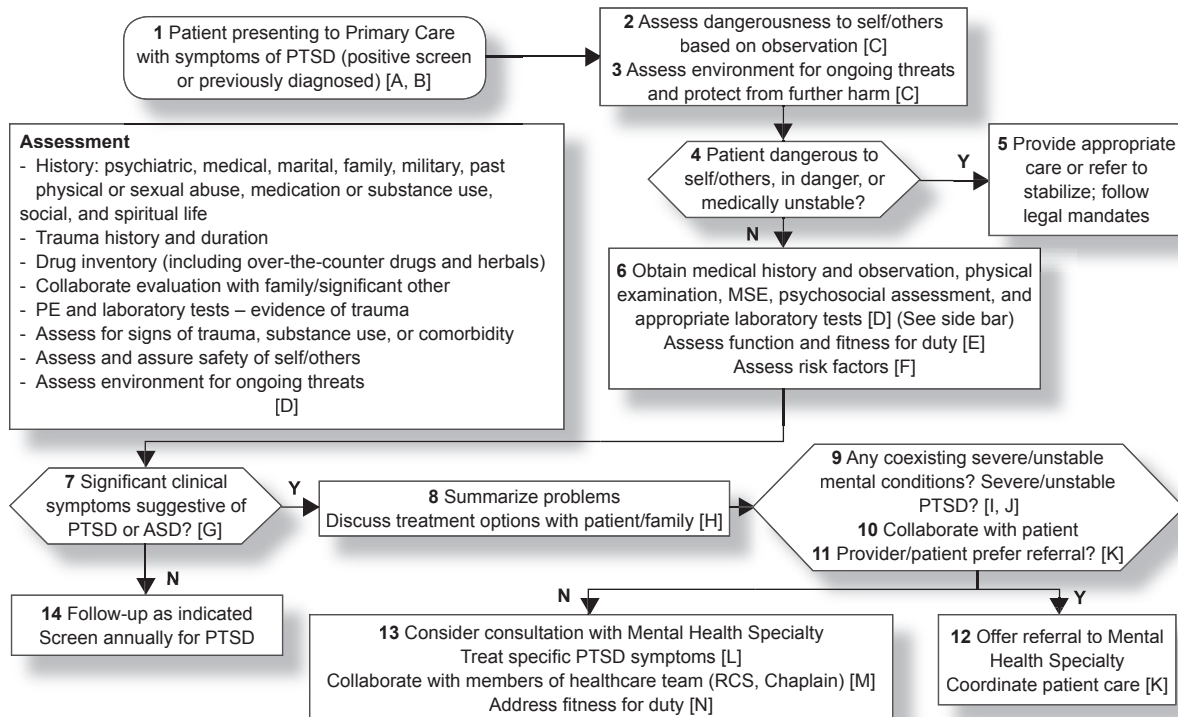
- “Have had nightmares about it, or thought about it when you did not want to?”
- “Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?”
- “Were constantly on guard, watchful, or easily startled?”
- “Felt numb or detached from others, activities, or your surroundings?”

DSM-IV Code	DIAGNOSIS
308.3	Acute Stress Disorder (ASD)
309.81	Posttraumatic Stress Disorder
	Acute: If duration of symptoms is less than 3 months Chronic: If duration of symptoms is 3 months or more With Delayed Onset: If onset of symptoms is at least 6 months after the stressor



Post Traumatic Stress Disorder (PTSD)

Primary Care Algorithm



Post Traumatic Stress Disorder (PTSD)

Treatment Options

Pharmacotherapy Interventions:

ASD

- Some Benefit
 - Imipramine [B]
 - Propranolol [B]
- Unknown
 - Benzodiazepines [I]
 - Other Sympatholytics [I]
 - Other Antidepressants [I]
 - Anticonvulsants [I]
 - Atypical Antipsychotics [I]
 - Choral Hydrate [I]

PTSD

- Significant Benefit
 - SSRIs [A]
- Some Benefit
 - TCAs [B]
 - MAOIs [B]
 - Sympatholytics [B]
 - Novel Antidepressants [B]
- Unknown
 - Anticonvulsants [I]
 - Atypical Antipsychotics [I]
 - Buspirone [I]
 - Non-benzodiazepine hypnotics [I]

Psychotherapy Interventions for ASD/PTSD

- Significant Benefit
 - Cognitive Therapy [A]
 - Exposure Therapy [A]
 - Stress Inoculation Training [A]
 - Eye Movement Desensitization and Reprocessing [A]
- Some Benefit
 - Imagery Rehearsal Therapy [B]
 - Psychodynamic Therapy [B]
 - PTSD - Patient Education [I]

Level of Recommendation: A – Strong B – Useful/Effective I – Insufficient evidence

